

EX (1)

MAHONEY & BAKER, P.C.
2740 Route 10 West
Morris Plains, New Jersey 07950
973-898-1000
Attorney for Plaintiff

<p>PERRY GOERNER,</p> <p style="text-align: center;">Plaintiff,</p> <p>-v-</p> <p>ARTHUR FREUND,</p> <p style="text-align: center;">Defendant.</p>	<p>SUPERIOR COURT OF NEW JERSEY LAW DIVISION - ESSEX COUNTY DOCKET NO.:</p> <p style="text-align: center;">Civil Action</p> <p style="text-align: center;">CERTIFICATION OF TREATING PHYSICIAN</p>
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I, Eric S. Englestein, M.D., do hereby certify as follows:

1. I am a licensed neurologist of the State of New Jersey and I examined/treated plaintiff, Perry Goerner, for injuries he sustained in an accident that occurred on April 27, 2006.

2. Attached hereto is a true and correct copy of my narrative report regarding my treatment of plaintiff which sets forth the details of his treatment and my diagnosis of his condition.

3. In my opinion within a reasonable degree of medical probability, my patient has sustained an injury which has:

(Choose all appropriate):

_____ resulted in death.

_____ resulted in dismemberment

_____ resulted in significant disfigurement or significant scarring

_____ caused a displaced fracture

 X is permanent and has not healed to function normally.

4. I certify that the foregoing statements are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.



Eric S. Englestein, M.D.

Dated:

Neuro-Specialists of Morris-Sussex, P.A.

Practice limited to Neurology & Electrodiagnostic Studies

Eric S. Englestein, M.D., Ph.D.
DIPLOMATE AMERICAN BOARD OF NEUROLOGY
FELLOW OF THE STROKE COUNCIL
OF THE AMERICAN HEART ASSN.
MEMBER AMERICAN ACADEMY OF NEUROLOGY

Paul J. Roberts, M.D.
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Wayne L. Greene, M.D.
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MEMBER AMERICAN ACADEMY OF NEUROLOGY

June 4, 2007

James Mahoney, Esq.
2740 Route 10 West
Morris Plains, New Jersey 07950

RE: PERRY GOERNER

Dear Mr. Mahoney:

I am replying to your request for a narrative report on Mr. Goerner's neurologic condition.

Mr. Goerner was initially seen by me in my office, at the request of Dr. John-Paul Bonnet, on 07/05/06. At that time, Mr. Goerner was 54 years of age, and he gave a history of having been involved in a motor vehicle accident on 04/27/06. The patient was on a motorcycle and reportedly stationary when he was rear-ended by another vehicle and this resulted in his flying forward and striking his head on a van that was in front of him. The patient believes he had a brief subsequent loss of consciousness. He was taken to Chilton Hospital emergency room, but not admitted to the hospital.

Mr. Goerner stated that he initially had various aches and pains and that he had persisted in having neck and low back discomfort as well as some headaches over the top of his head and a dizziness that was constant, but worsened if he drove for more than twenty minutes. He was also noting some ringing in his ears, tremors of his hands, memory difficulty, and some numbness of the right leg.

The patient was attending physical therapy.

He denied ever having had the symptoms noted above prior to the motor vehicle accident.

He mentioned that he had been tried on Tylenol with codeine for his headaches, but that had to be discontinued because it resulted in constipation.

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369 West Blackwell Street
Dover, New Jersey 07801
(973) 361-7606 or (973) 366-5335
Fax (973) 361-8942

□ 350 Sparta Avenue
Building A
Sparta, New Jersey 07871
(973) 579-1089 or (973) 729-1111
Fax (973) 729-2828

□ 254 Mountain Avenue
Hackettstown, New Jersey 07840
(908) 850-5505
Fax (973) 813-8848

RE: PERRY GOERNER

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He was then tried on Naprosyn, but that resulted in diarrhea. At the time I was initially seeing him he was using Ultram when needed. He denied being on any other medications or of having any other known medical problems.

Social history was negative for smoking. The patient indicated he drank alcohol occasionally only. He had worked as a painter, but had not been able to work for awhile because of the post accident symptoms.

Mr. Goerner did not have any known medication allergies.

His family history was negative for neurologic disorder.

The patient brought with him a CT scan of the head done 05/07/06, which did not appear remarkable.

Physical examination showed blood pressure to be within normal range. No unusual skin lesions were seen. Chest auscultation did not reveal any rales. Cardiac auscultation was negative for gallops.

Mental Status Exam showed the patient to be alert and fully oriented. There was normal speech. The patient was able to do simple calculations. He was also able to follow a 3-step command and memory was good for 3 out of 3 objects at 3 minutes. There was some evidence of concrete thinking rather than abstract thinking.

Cranial nerve examination showed symmetric pupils without ptosis. There was no papilledema on fundic exam. Eye movements were full without nystagmus. I did not find any facial weakness. Hearing was intact to whisper bilaterally. The tongue was midline when protruded.

Extremity strength was within normal limits diffusely. Reflexes were decreased diffusely. No Babinski responses were demonstrated.

There was a subjective decreased pin sensation over the dorsum of the right foot with normal sensation elsewhere. Position sense was intact in the large toes bilaterally.

No tremors or incoordination were found. The gait was narrow-based and steady. The patient was able to do tandem walking. Romberg was negative.

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The neurologic exam showed hypoactive reflexes diffusely and some subjective decreased pin sensation over the dorsum of the right foot, and some impairment of abstract thinking. The remainder of the neurologic exam was within normal limits. The patient subjectively however was experiencing headaches, dizziness and memory difficulty and I felt that he was suffering from a post-concussion syndrome.

For his various other aches and pains I did recommend the patient be assessed by an orthopedic physician and for the ringing in his ears I suggested that he have an evaluation by an ENT physician.

I was unclear at that time if the dizziness was part of a post-concussion syndrome or possibly due to a post-traumatic vestibular neuronitis.

As headache prophylaxis, I began the patient on 25mg of imipramine nightly.

The patient had a follow-up office assessment with me on 09/11/06. He was still having persistent daily concentration difficulty and memory problems. He was finding that he could not work. He had been writing a TV show prior to the accident, but had not been able to do any meaningful writing since. He mentioned that he was having some visual focusing problems for awhile, but these had resolved.

The patient was taking the prophylactic imipramine that I had prescribed, but only for a few days, as he felt vaguely uncomfortable on the medication when he would awaken in the morning and had discontinued it.

The MRI of the brain and the EEG that I had ordered were within normal limits.

Examination showed normal speech. The patient was able to follow a 3-step command. I did not see any tremors, incoordination or gait dysfunction. Patella reflexes were intact, although the right-sided response was questionably slightly hypoactive, as compared to the left side at this time.

I wrote the patient a prescription to try Desyrel nightly as headache prophylaxis and I also recommended the patient have formal cognitive testing and therapy.

Mr. Goerner was next assessed in my office on 11/15/06. He was taking the trazodone nightly and indicated that at the time he wasn't experiencing any headaches or significant dizziness and felt that his memory problem had improved considerably.

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I believe the neurocognitive testing was never completed, as the patient's insurance company would not okay that.

Examination showed Mr. Goerner to appear to be in a good mood. Speech was normal. The patient was able to follow a 3-step command without difficulty. Patella reflexes were normal symmetrically at this time. No tremor or gait dysfunction was found.

Because clinically there appeared to have been improvement I suggested the patient try decreasing and possibly tapering off of the trazodone. At this point, he was on a 50mg tablet nightly.

Mr. Goerner did go off of the trazodone, but called my office, on 02/21/07, indicating that he didn't feel as well since stopping the trazodone and I recommended he restart it at the previous dose.

The patient was last seen in my office on 03/21/07. He was taking one-half of a 50mg trazodone nightly, but not feeling as good as he had been when taking the whole tablet nightly, as in the past. Both the headaches and dizziness recurred without the medication. The patient was also still experiencing the memory difficulty, without any worsening.

On this occasion, the patient also mentioned some right shoulder pain for which he apparently had been given Flexeril to try by another physician and a MRI scan of the shoulder was pending.

Examination showed the patient to be pleasant with normal speech. No incoordination was found. The gait was not remarkable. Patella reflexes were within normal limits.

I did suggest that Mr. Goerner go back up to the 50mg trazodone nightly, as that had been more effective for him in the past. He indicated that he was still looking into cognitive rehab therapy if his insurance company would cover the expense.

In summary, Mr. Goerner suffered a concussion, on 04/27/06, and this accident resulted in an apparent permanent residual of headaches, dizziness, and memory difficulty as part of a post-concussion syndrome. With medication the patient's symptoms are lessened, but not fully resolved. It is now more than one year since the patient's accident and he has remained symptomatic suggesting that it is likely his symptoms will persist on a chronic basis.

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He will require continued medication and might benefit from future cognitive rehabilitation therapy.

These symptoms of the patient are a direct result of the 04/27/06 motor vehicle accident.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Eric S. Englestein", with a long horizontal flourish extending to the right.

Eric S. Englestein, M.D. Ph.D.

ESE/pcw

Dictated, NOT READ

369 W BLACKWELL ST

DOVER NJ 07801

973-361-7506

TAX ID #: 22-2087954

PAT BAL: .00

INS BAL: .00

QTH BAL: .00

SERV	C	INS	A	LINE	INVOICE	RUNNING	
DATE	INV	RP	S	DR	PROG	DESC	COMMENT
070506	1	1	11	99245			DV 213.00 213.00 NEURO SPECIALISTS OF , ERIC ENGLESTEIN MD
070506	1	1		CK	CHECK	5326	DV -213.00 .00 .00
081806	2	1	55	95819	EEG W/INV		SD 100.00 100.00 NEURO SPECIALISTS OF , E ENGLESTEIN-DOPPLER ASSO
101906	2	1		HP	HAIR CHECK	5400	HP -100.00 .00 .00
091106	3	1	11	99214			DV 72.45 72.45 NEURO SPECIALISTS OF , ERIC ENGLESTEIN MD
091106	3	1		CK	CHECK	5373	DV -72.45 .00 .00
111506	4	1	11	99213	F/U		DV 80.00 80.00 NEURO SPECIALISTS OF , ERIC ENGLESTEIN MD
111506	4	1		CK	CHECK	5429	DV -80.00 .00 .00
032107	5	1	11	99213	F/U		DV 80.00 80.00 NEURO SPECIALISTS OF , ERIC ENGLESTEIN MD
032107	5	1		CK	CHECK	5482	DV -80.00 .00 .00
061207	6	1	11	LAWYE	NARRATIVE		DV 500.00 500.00 NEURO SPECIALISTS OF , ERIC ENGLESTEIN MD
061207	6	1		CK	CHECK	4277	DV -500.00 .00 .00
091907	7	1	11	99214	F/U		DV 120.00 120.00 NEURO SPECIALISTS OF , ERIC ENGLESTEIN MD
091907	7	1		CK	CHECK	5543	DV -120.00 .00 .00
END OF PATIENT HISTORY							
*** TOTALS *** , CHARGES: 1,165.45 PAYMENTS: -1,165.45 ADJUSTS: .00							

NEURO-SPECIALISTS OF MORRIS-SUSSEX, P.A.
ERIC S. ENGLESTEIN, M.D., PH.D.
NEUROLOGY
DIPLOMATE AMERICAN BOARD OF NEUROLOGY
369 W. BLACKWELL STREET
DOVER, NJ 07801

(3) 366-5335
TCH # MDI-20060920-NE0072981-03

LIC. # MA036556
DEA # AE 8931760

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Perry Goerner D.O.B. _____
DATE 3/21/07

☒ **Rx**

Desyrel 50mg
1 p.o. QHS
1 month supply

NON PERMISSIBLE Sub E DO NOT SUBSTITUTE
REFILL 6 TIMES SIGNATURE OF PRESCRIBER Eric Englestein

Use separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

State of New Jersey
PRESCRIPTION BLANK

SPINE & ORTHOPEDIC CENTER OF N.J.
DAVID B. BASCH, M.D., FAAOS
90 SPARTA AVENUE
SPARTA, NJ 07871
(973) 726-9500

DEA # BB4019570
BATCH # KES0628070993-1

LIC. # 25MA06285300

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Perry Goerner D.O.B. _____
DATE 3/27/07

☒ **Rx**

Flexeril, 10mg
Tals PO TID
#90 (ninetys)

SUBSTITUTION PERMISSIBLE Sub DO NOT SUBSTITUTE
DO NOT REFILL 1 TIMES SIGNATURE OF PRESCRIBER DBS

Use separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

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DEA # _____
BATCH # KES0628070993-1

LIC. # 25MA06285300

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
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PATIENT Perry Goerner D.O.B. _____
DATE 3/27/07

☒ **Rx**

Pl. under my care.
Is unable to work
in any capacity since
4/23/06 and with further
notice. Thank you

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE
DO NOT REFILL _____ SIGNATURE OF PRESCRIBER DBS

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State of New Jersey
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DEA # BB4019570
BATCH # KES0628070993-1

LIC. # 25MA06285300

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Perry Goerner D.O.B. _____
DATE 3/27/07

☒ **Rx**

Naprelan, 500mg
Tals PO BID
#60 (sixty)

SUBSTITUTION PERMISSIBLE Sub DO NOT SUBSTITUTE
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